

Name  
in  
Full

Joseph Adkinsow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Dominion</i>		MARYLAND	
Date of death	1906	Month	Dec	Day	27	Years	63
Sex	Male		Color or Race	Colored		Birthplace	Dominion & Co
Occupation	Laborer		Where Residing if not at place of death				—
Married, Single or Widowed	Married		Name of Wife or Husband	Henrietta Adkinsow			
Father's Name	J. W. Adkinsow					Father's Birthplace	Dominion & Co
Mother's Maiden Name	Henrietta Collins					Mother's Birthplace	Dominion & Co
Name of person giving information	Grant Long					How related to deceased	Son in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>		How long	<i>Several months</i>
Immediate	<i>Typhoid fever (Exhaustion)</i>		How long	<i>Three months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. Lee Hall</i>	
		Address	<i>Pocomoke City, Md</i>	
Accident or Suicide?				



Name  
in  
Full

Sarah F. Beel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Marysville Town Somerset County MARYLAND

Date of death 1906 Month 12 Day 16 Age 37 Years Months Days

Sex Female Color or Race white Birth-place Balto. Md.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of ~~Wife~~ Husband O. A. Beel

Father's Name Jacob Manister Father's Birthplace Md

Mother's Maiden Name Mary A. Hopkins Mother's Birthplace Md

Name of person giving information — How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

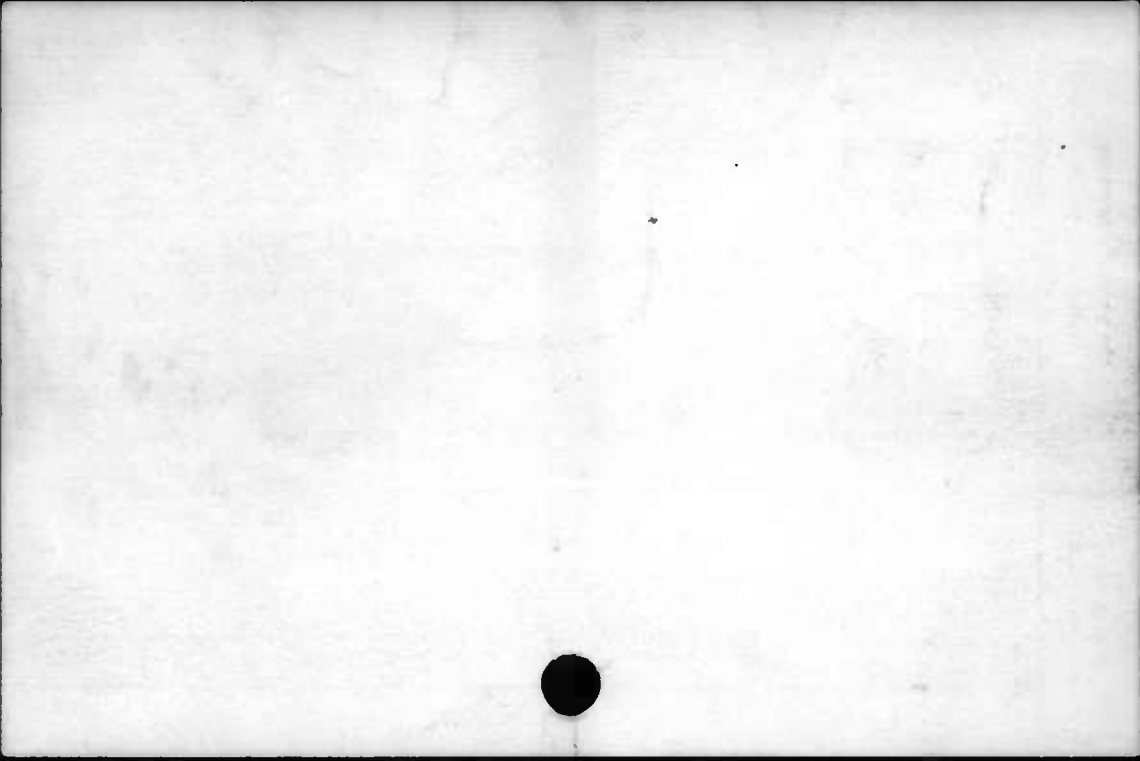
Primary Consumption Tuberculosis How long 3 months

Immediate Sudden Collapse How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. M. Wilson

Address Freemans City

Accident or Suicide? —



Name  
in  
Full

Emma Gripper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Princess Anne</i>			Town <i>Princess Anne</i>		County <i>Dorchester</i>		MARYLAND						
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>5</i>		Years <i>5</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>				Color or Race <i>Black</i>				Birth-place <i>MD</i>					
Occupation <i>—</i>						Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>						Name of Wife or Husband <i>—</i>							
Father's Name <i>Geo. Gripper</i>						Father's Birthplace <i>MD</i>							
Mother's Maiden Name <i>Louisa Corbin</i>						Mother's Birthplace <i>MD</i>							
Name of person giving information <i>Geo. Gripper</i>						How related to deceased <i>Brother</i>							

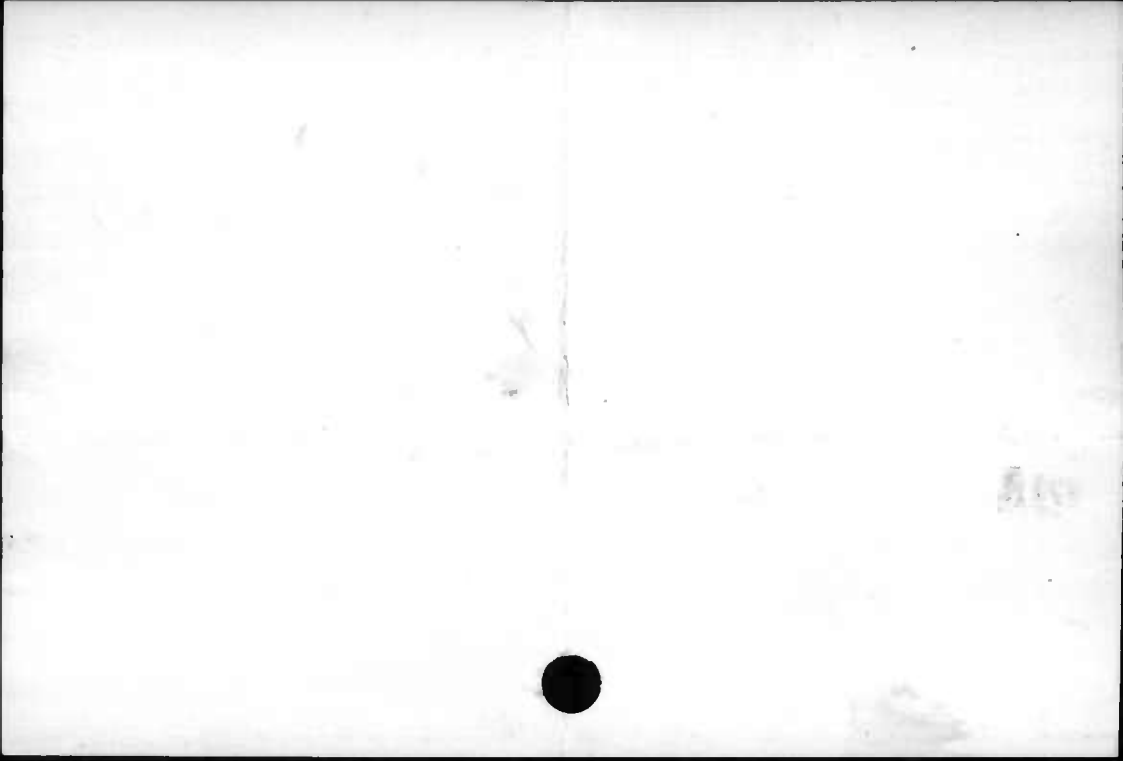
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Probably Pulmonary Tuberculosis</i>		How long <i>27</i>	
Immediate <i>Pneumonia</i>		How long <i>27</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. H. H.</i>	
		Address <i>Princess Anne MD</i>	
Accident or Suicide?			

MBT

Name in Full		MARGARET E. DORSEY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Meachin</u> <small>Town</small>		<u>Sam.</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>Dec.</u> <small>Day</small> <u>18</u>	Age <u>53</u> <small>Years</small>		<u>53</u> <small>Months</small>		<u>53</u> <small>Days</small>
TO BE ANSWERED BY NEAREST FRIEND		Sex <u>Yt</u>	Color or Race <u>lool</u>		Birth-place <u>Meachin</u>		
		Occupation <u>Housewife</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>L. P. Dorsey</u>				
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		How related to deceased			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Bright's Disease</u>		How long <u>120</u>		How long <u>5 mos.</u>	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. W. Gill</u>			
				Address <u>Meachin</u>			
				<u>Mod.</u>			
Accident or Suicide?							





Name  
in  
Full

Elizabeth Dougherty

CERTIFICATE OF DEATH

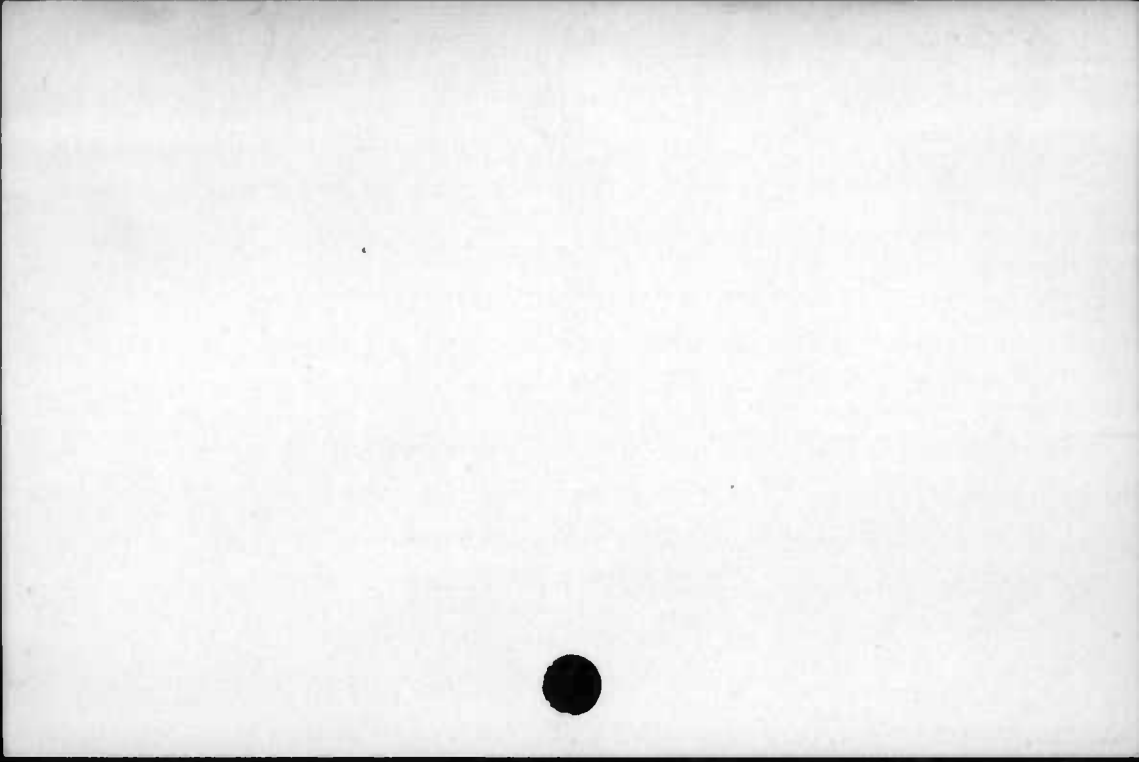
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death	1906	Month Dec	Day 1	Age Years	28	Months	Days
Sex	Female		Color or Race	White		Birth- place	
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Oliver Dougherty					Father's Birthplace	Crisfield
Mother's Maiden Name	Evelyn Dize					Mother's Birthplace	Crisfield
Name of person giving Information						How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever		How long	2 weeks
Immediate	Intestinal perforation		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. F. Hull
			Address	Crisfield Md
Accident or Suicide?				



Name in Full

Certificate of Death

Sidney Evans

Town

County

MARYLAND

Died at

Cusfield

Somerset

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

12 15

Age 28

Md Peasant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

172

Cause of Primary

Drowning

How long sick

Death Immediate

~~Accident, Suicide, Homicide~~

Reported by

G. J. Smith

Address

Cusfield, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

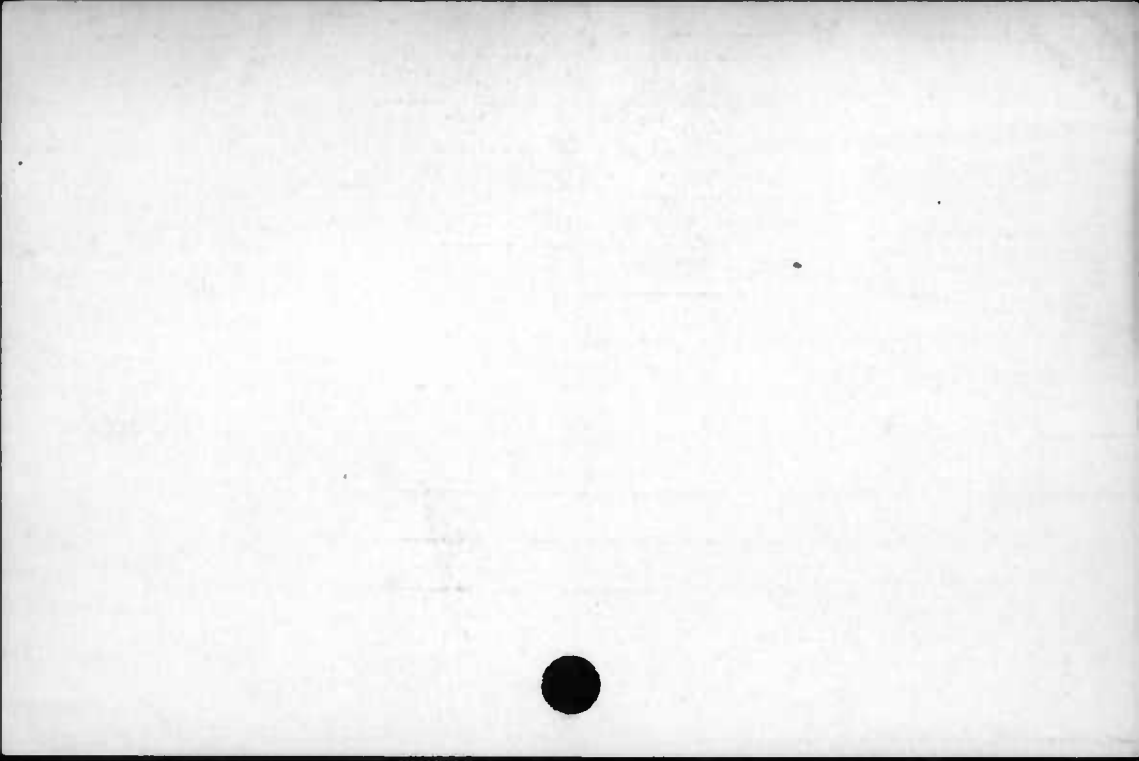
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Marion		Town Sta		Somerset		County		MARYLAND	
Date of death		1906		Dec		27		Age		46	
Sex		Male		Color or Race		White		Birth-place		Marion, Md	
Occupation		Farmer		Where Residing if not at place of death		Marion -					
Married, Single or Widowed		Married		Name of Wife or Husband		Minnie Horsey					
Father's Name		John C. Horsey		Father's Birth-place		Somerset Co					
Mother's Maiden Name		May Costello		Mother's Birth-place		Somerset Co					
Name of person giving information		Minnie Horsey		How related to deceased		Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis -	How long	120
Immediate	Neuralgia	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. H. Coulbourn,	
Address		Crisfield, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

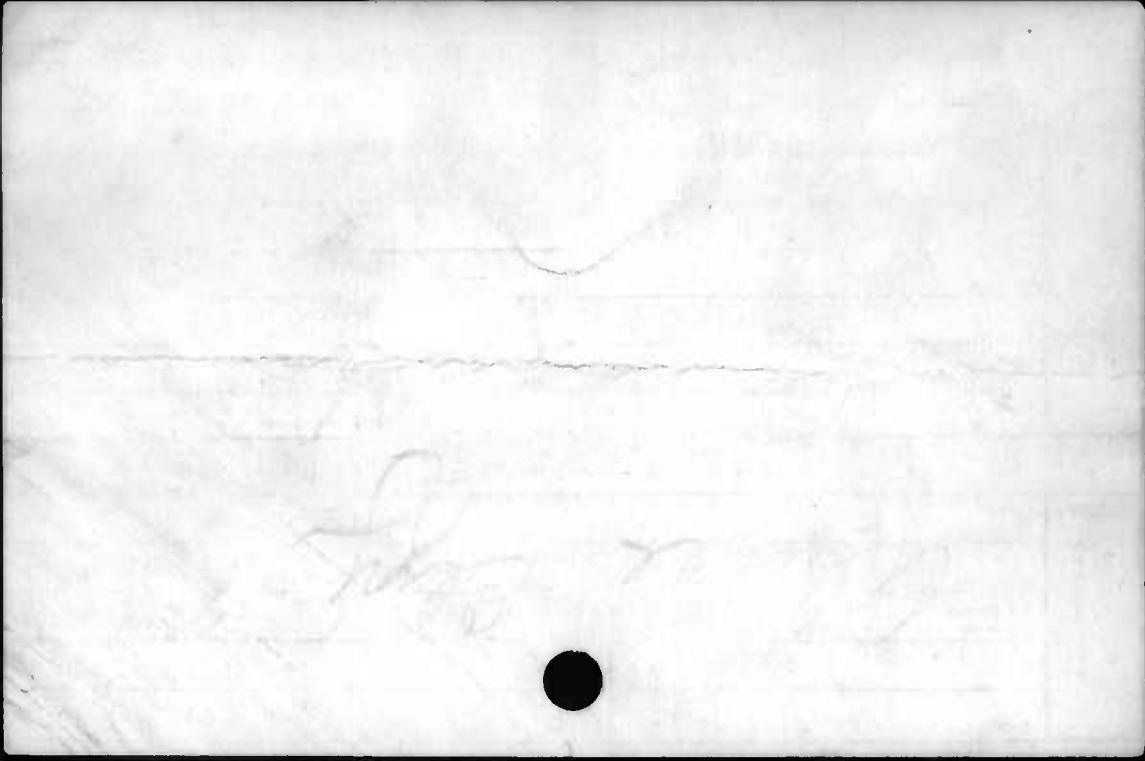
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Vernon</i>		Town <i>Mt Vernon</i>		County <i>Anniston</i>		MARYLAND	
Date of death	1906	Month	12	Day	13	Age	Years 38
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birthplace	<i>Damus Quarter</i>
Occupation	<i>Waterman</i>		Where Residing if not at place of death		<i>Mt Vernon</i>		
Married, <del>Single</del> <del>as Widowed</del>	Name of Wife or Husband		<i>Ellen Jones</i>				
Father's Name	<i>Stephen</i>					Father's Birthplace	<i>Damus Quarter</i>
Mother's Maiden Name	<i>Biddie</i>					Mother's Birthplace	<i>Damus Quarter</i>
Name of person giving Information	<i>Fred Jones</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	<i>27</i>	How long	<i>2 years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>G. R. Marsh, Sub. Re.</i>		
Address		<i>Thomas Ann</i>		
Accident or Suicide?		<i>No.</i>		





Name in Full <i>James Kelly</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Chance</i>		County <i>Comerack</i>
	MARYLAND		
	Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>25th</i>
	Age <i>39</i>		Months
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Comerack Co.</i>
	Occupation <i>Oyster man</i>	Where Residing If not at place of death	
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Leah Walling</i>	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Leah Kelly</i>	<i>20</i>	How related to deceased <i>wife</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Bright's disease</i>	How long <i>6 mos.</i>	
	Immediate <i>Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. J. Windsor</i>	
		Address <i>St. Louis, Mo.</i>	
Accident or Suicide? <i>No</i>			

Duplicate Mrs. Matilda Price

Name  
in  
Full

Elias Rodney Lloyd

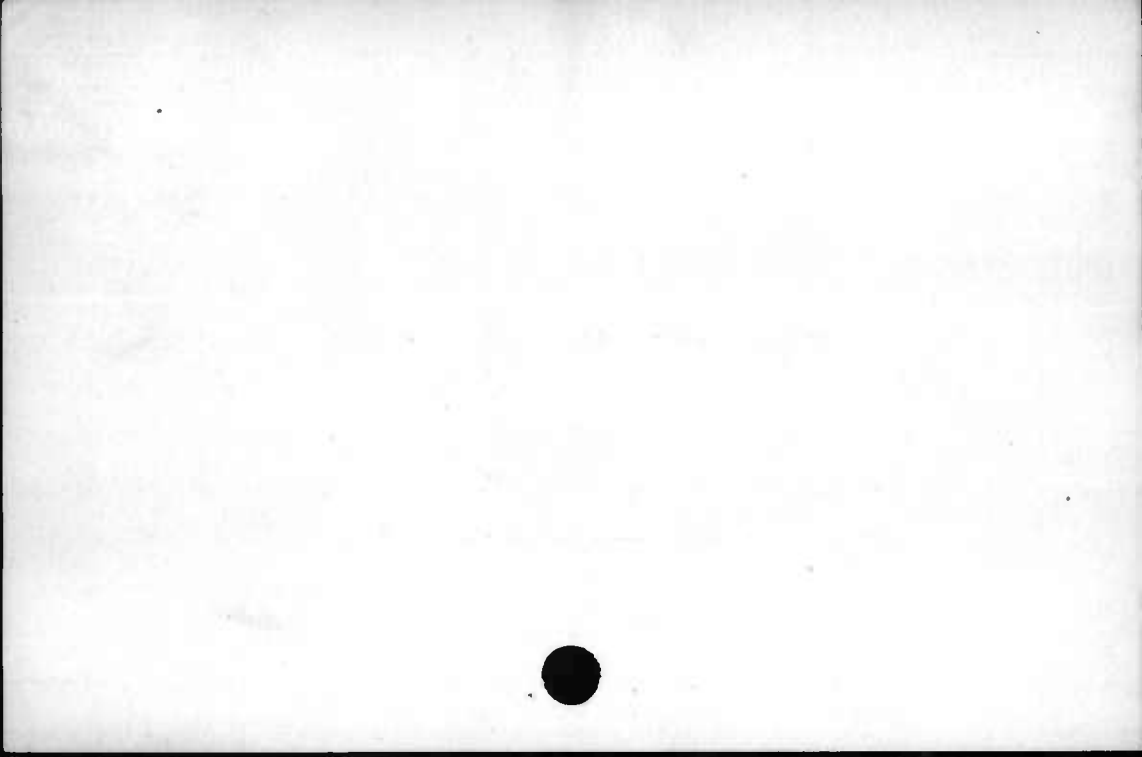
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Vernon		County Somerset		MARYLAND	
Date of death		Month Dec	Day 17	Years 24	Months 2	Days 17	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Sawyer				Where Residing if not at place of death ✓			
Married, Single or Widowed Single		Name of Wife or Husband ✓					
Father's Name George W Lloyd				Father's Birthplace Maryland			
Mother's Maiden Name Annie Bailey				Mother's Birthplace Maryland			
Name of person giving information George W. Lloyd				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid Fever		How long	3 weeks
	Immediate	Intestinal Haemorrhage		How long	4 hours.
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Henry M. Lubford M.D.	
				Address Princess Anne Md.	
	Accident or Suicide?		No		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cusfield</i>		County <i>Lower Somerset</i>		MARYLAND	
Date of death		Month <i>Dec</i>	Day <i>31</i>	Age Years <i>3</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cusfield</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Douglas</i>				Father's Birthplace			
Mother's Maiden Name <i>Groce Lauer</i>				Mother's Birthplace <i>Cusfield</i>			
Name of person giving information <i>Groce Lauer</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cold</i>	How long	<i>1 week</i>
Immediate	<i>Acute Congestion of Lungs</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. E. Latham</i>	
		Address <i>Cusfield</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

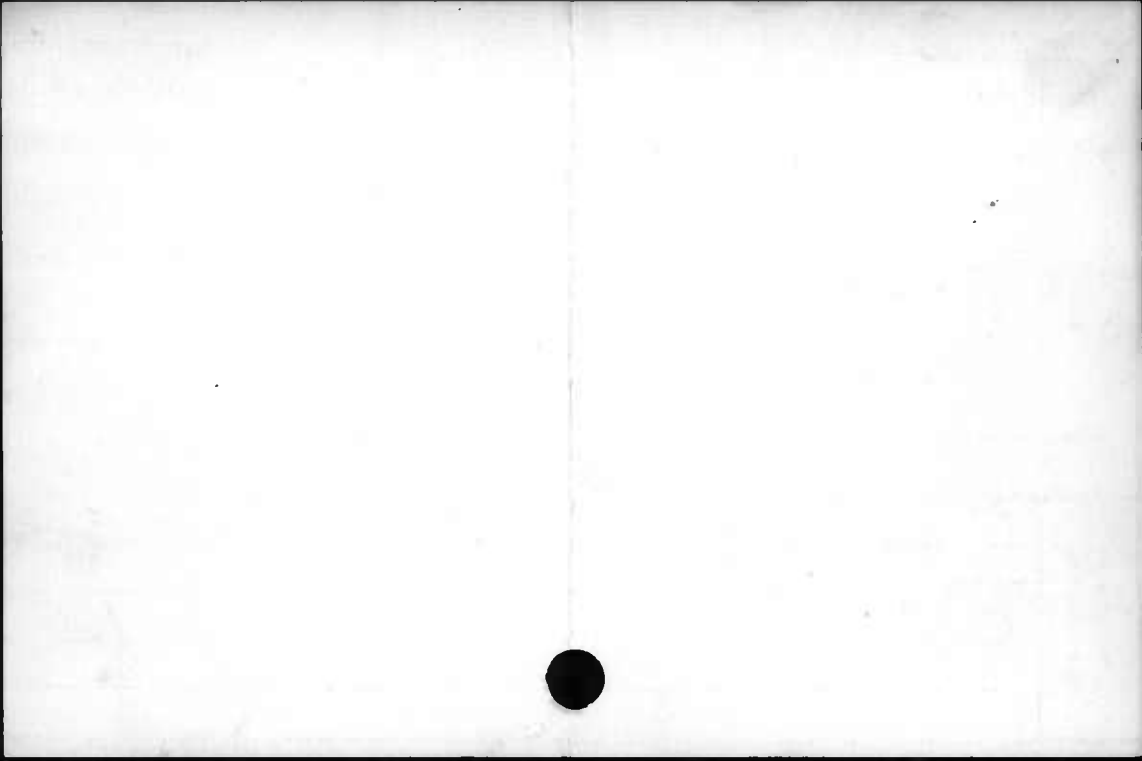
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Poncius Anne</b>		County <b>Somerset</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>Dec.</b>	Day <b>17</b>	Age <b>58</b>	Months <input checked="" type="checkbox"/>	Days <input checked="" type="checkbox"/>
Sex <b>male</b>	Color or Race <b>white</b>		Birth-place <b>ind</b>		
Occupation <b>Lawyer</b>	Where Residing if not at place of death				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Ellen Helen McMoore</b>				
Father's Name <b>Saml McMoore</b>	Father's Birthplace <b>ind</b>				
Mother's Maiden Name <b>✓</b>	Mother's Birthplace				
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Heart failure</b>	How long <b>about one year</b>
Immediate <b>Uremic Coma</b>	How long <b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Y</b>	Signature of Physician <b>D. Chas P. Fisher</b>
	Address <b>Poncius Anne ind</b>
Accident or Suicide?	





Name  
in  
Full

No Name

Maddox  
Som.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Neanchin*<sup>County</sup> *Som.*Date of death <sup>Month</sup> *Dec* <sup>Day</sup> *9*Age <sup>Years</sup> *1 1/2*<sup>Months</sup> *1 1/2* <sup>Days</sup>Sex *Boy*

Color or Race

Birth-place

Occupation

Where Reading if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Wm Maddox*

Father's Birthplace

Mother's Maiden Name *Mary* *41*

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Sick since birth*How long *179*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

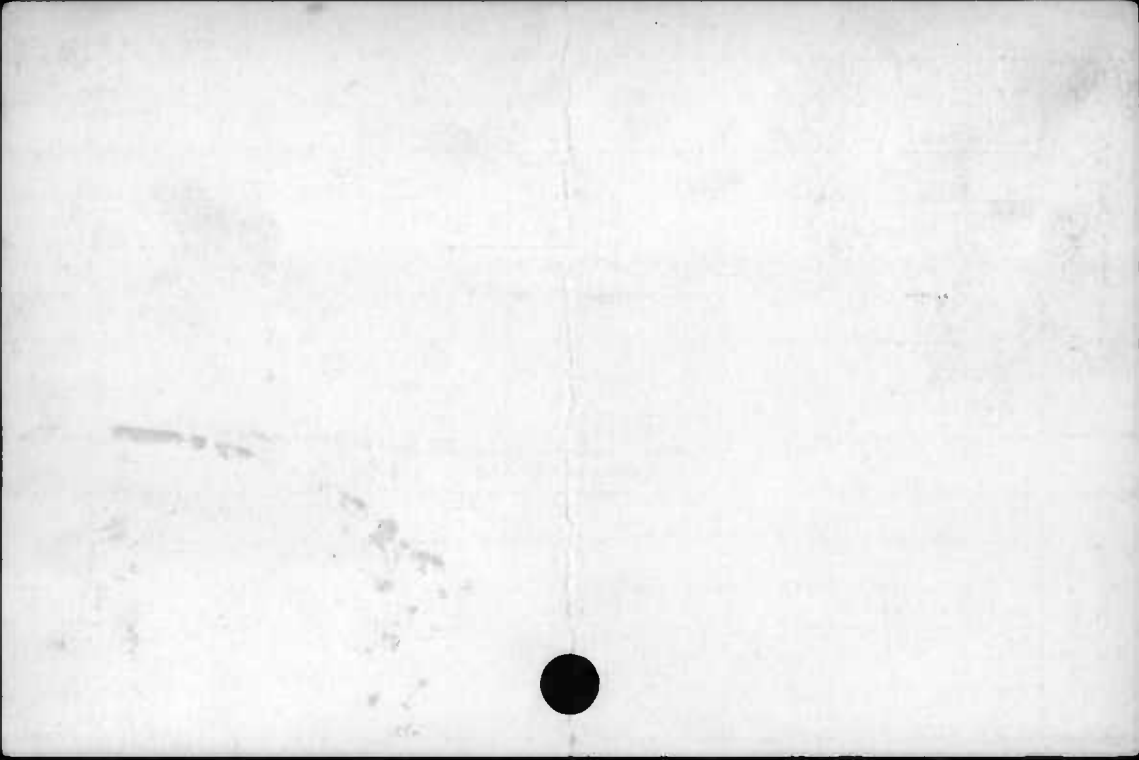
*G. M. Gile*

Address

*Neanchin**Mod.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Williams J. Mills*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake</i>		Town <i>Brunswick</i>		County <i>Brunswick</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>12</i>	Day	<i>9</i>	Age	<i>72</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Maryland</i>		Months <i>4</i> Days	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Mary J. Mills</i>					
Father's Name <i>John Mills</i>		Father's Birthplace <i> Md</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i> Md</i>					
Name of person giving information <i>H. J. Mills</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Bronchitis</i>	How long	<i>1 1/2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Wilson</i>	
		Address <i>Brunswick City</i>	
Accident or Suicide? <i>-</i>			



Name

In

Full

Williams Mulger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Fairmount

Town

Somerset

County

Date of death 1906

Month

Deer

Day

28

Age

Years

22

Months

no

Days

no

Sex male

Color or Race

White

Birth-place

Fairmount, Ohio

Occupation

Sailor

Where Residing if not at place of death

on vessel

Married, Single or Widowed

Single

Name of Wife or Husband

had no wife

Father's Name

Don't know

Father's Birthplace

Don't know

Mother's Maiden Name

Don't know

Mother's Birthplace

Don't know

Name of person giving information

Wm. A. Ford

How related to deceased

No relation

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Drowning

How long

Don't know

Immediate

Drowning

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

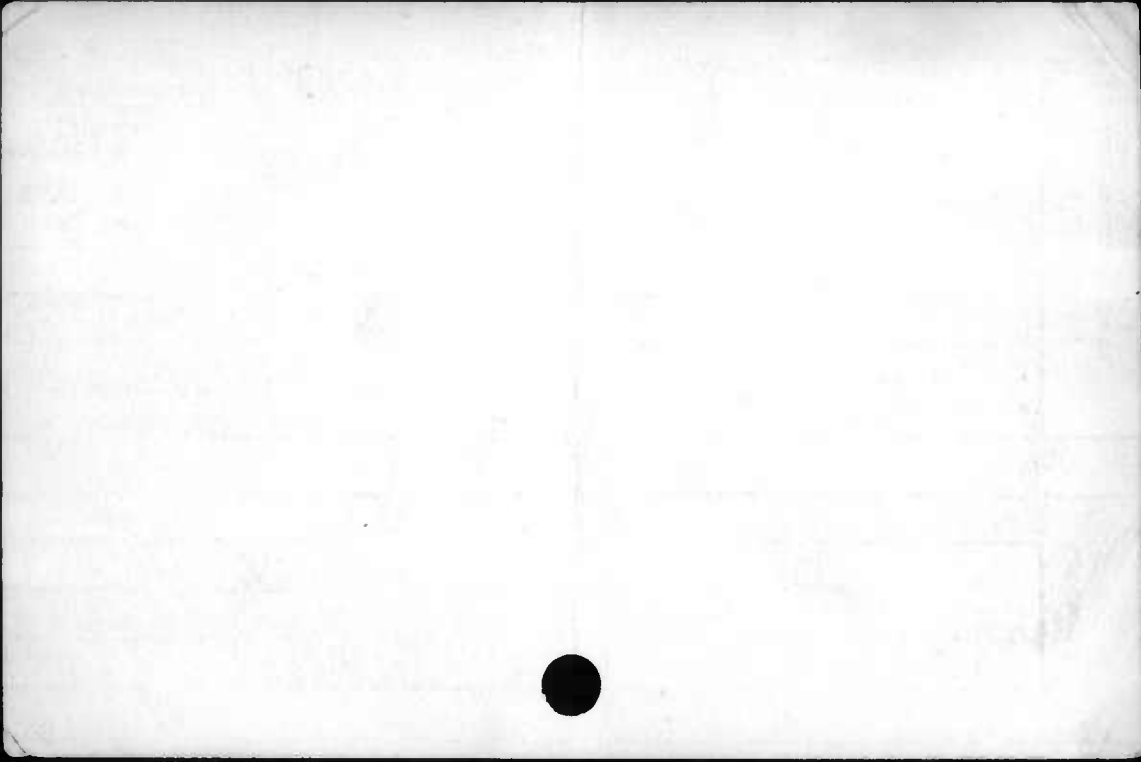
J. W. Landon S.R.

Address

Landonville, Somerset Co. Maryland.

Accident or Suicide?

Accident



Name  
in  
Full

## CERTIFICATE OF DEATH

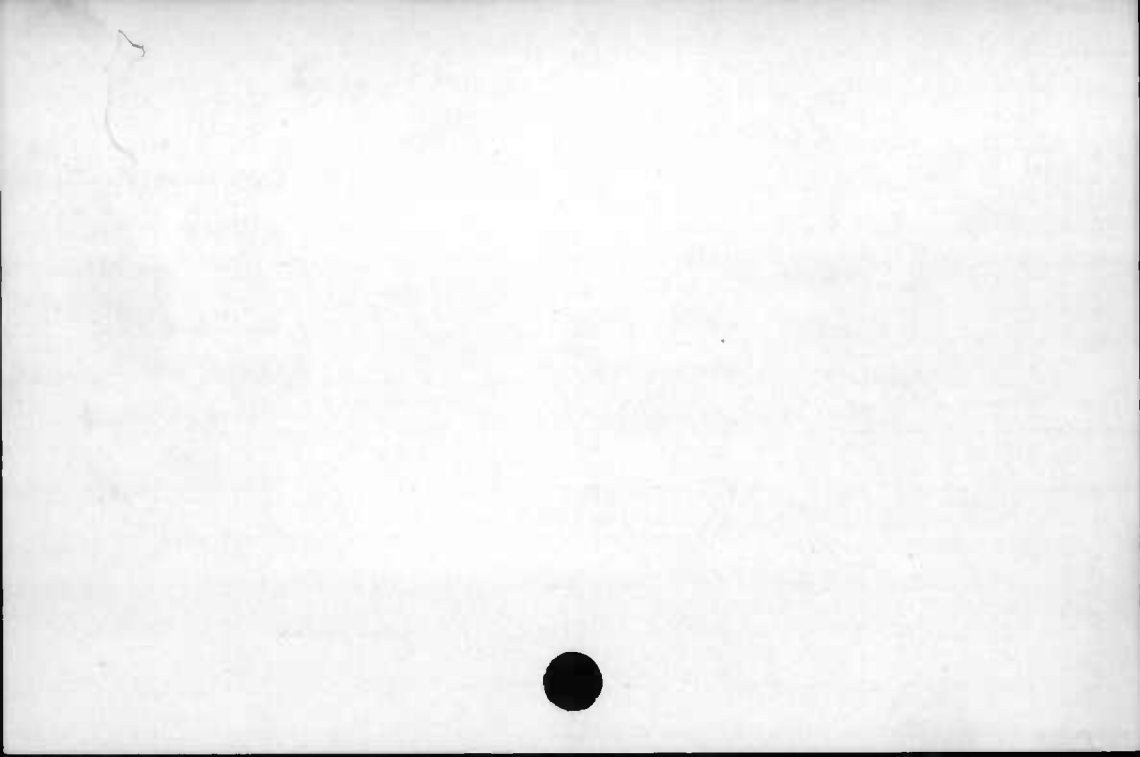
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE						
Crisfield		Somerset		Maryland								
Date of death		1906	Month	Dec	Day	1	Age	80	Months		Days	
Sex		Female		Color or Race		White		Birth place		Somerset Co Md		
Occupation		Housewife		Where Residing if not at place of death		Crisfield, Md						
Married, Single or Widowed		Married		Name of Wife or Husband		Thomas Sterling						
Father's Name		John Moore		Father's Birthplace		Somerset Co Md						
Mother's Maiden Name		Leah Lawson		Mother's Birthplace		Somerset Co Md						
Name of person giving information		Robert Hunley		How related to deceased		Son						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Chronic Nephritis, Mitral Regurgitation		How long		years	
Immediate		Pulmonary edema & Senility		How long		days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. A. Coulbourne M.D.	
				Address		Crisfield, Md	
Accident or Suicide?		no					





Name

in  
Full

Thomas Sterling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Crisfield</b>		Town		<b>Somerset</b>		County		MARYLAND	
Date of death <b>1906</b>	Month <b>Dec</b>	Day <b>20</b>	Age <b>86</b>	Years	Months	Days			
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Somerset Co Md</b>						
Occupation <b>Retired Farmer</b>	Where Residing if not at place of death <b>Crisfield Md</b>								
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband								
Father's Name <b>Isaac Sterling</b>	Father's Birth-place <b>Somerset Co Md</b>								
Mother's Maiden Name <b>Ester Somerset</b>	Mother's Birth-place <b>Somerset Co Md</b>								
Name of person giving information <b>James Sterling</b>	How related to deceased <b>Brother</b>								

## CAUSES OF DEATH

Primary **Chronic Nephritis, Prostatitis** **120** How long

**Senile Debility** How long

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date and place correctly given above? **yes**Signature of Physician **Wm Houlbourn MD**Address **Crisfield**Accident or Suicide? **No****Somerset Co Md**



Name in Full		Evan Steuord				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rivers Cross		Somerset		MARYLAND	
	Date of death		1906		Age		60	
	Month		12		Days		15	
	Sex		male		Color or Race		Black	
	Occupation		Laborer		Where Residing if not at place of death		✓	
	Married, Single or Widowed		Widowed		Name of Wife or Husband		✓	
	Father's Name		Orie Steuord		Father's Birthplace			
PHYSICIAN OR CORONER	Mother's Maiden Name		Orie (Don't know maiden name)		Mother's Birthplace			
	Name of person giving information		Chas. Welton		How related to deceased		Nephew	
	CAUSES OF DEATH							
	Primary		Cause of death given old age				How long	
Immediate		No Dr. in attendance				How long		
Are the name, age, sex, color, date and place correctly given above?		7-0		Signature of Physician		J. J. Smith		
				Address		Rivers Cross		
Accident or Suicide?								

This certificate is  
granted to the best of my  
knowledge & belief


A. J. Smith.  
Health Officer  
Seward Co. Ind

Name  
in  
Full

Eron Steward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Devils Neck		County Somerset				MARYLAND	
Date of death		1906	Month Dec	Day 15	Age Years 85	Months		Days	
Sex male		Color or Race Colored		Birth-place Devils Neck					
Occupation Laborer				Where Residing if not at place of death " "					
<del>Married, Single or Widowed.</del>				Name of Wife or Husband Anna Steward					
Father's Name Orie Waters				Father's Birthplace Somerset Co					
Mother's Maiden Name dont know				Mother's Birthplace dont know					
Name of person giving information Charles Waters				How related to deceased nephew					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	154
Immediate	(no Dr in attendance)	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Smith M.D.	
		Address P.O. Box 100	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

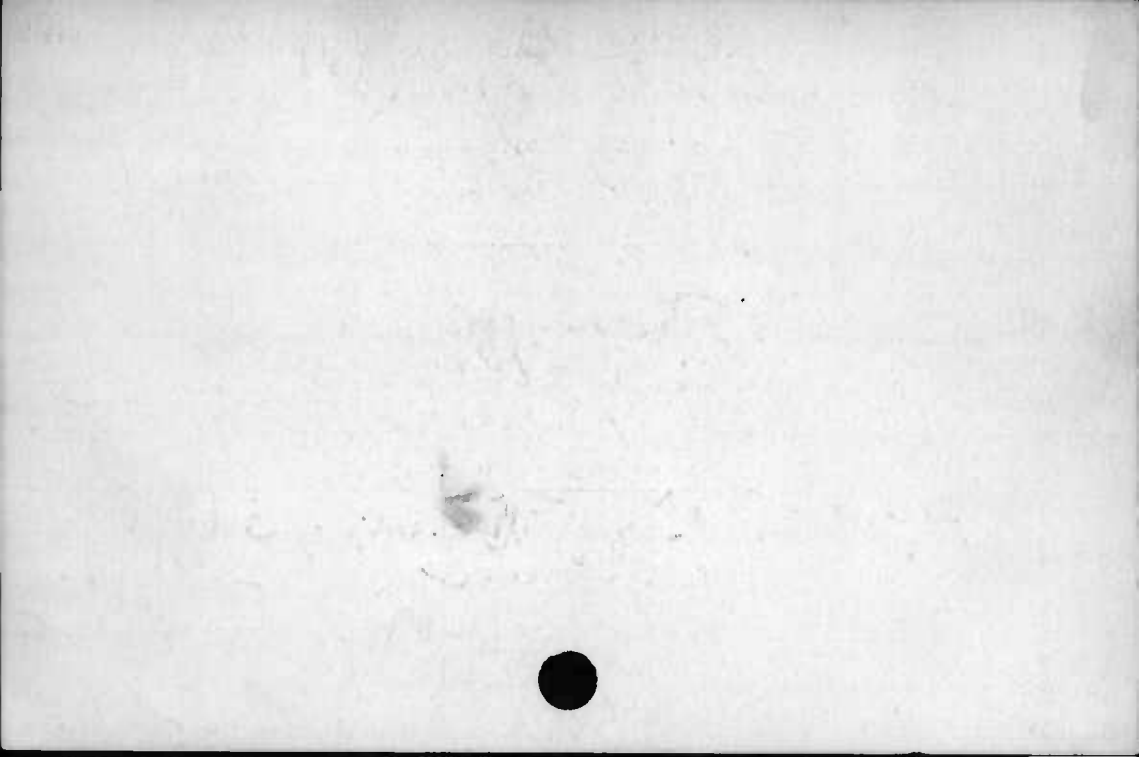
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deal Island</i>		Town <i>Somerset</i>		County <i>MARYLAND</i>	
Date of death <i>190</i>	Month <i>4</i>	Day <i>4</i>	Age <i>9</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John W. Thomas</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Courtis</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>John W. Thomas</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute catarrhal meningitis (tubercular)</i>	How long <i>5 days</i>
Immediate <i>Dyspnoea</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Alexander</i>
	Address <i>Somerset Co.</i>
Accident or Suicide?	





Name  
in  
Full

No Name

Weatherly

## CERTIFICATE OF DEATH

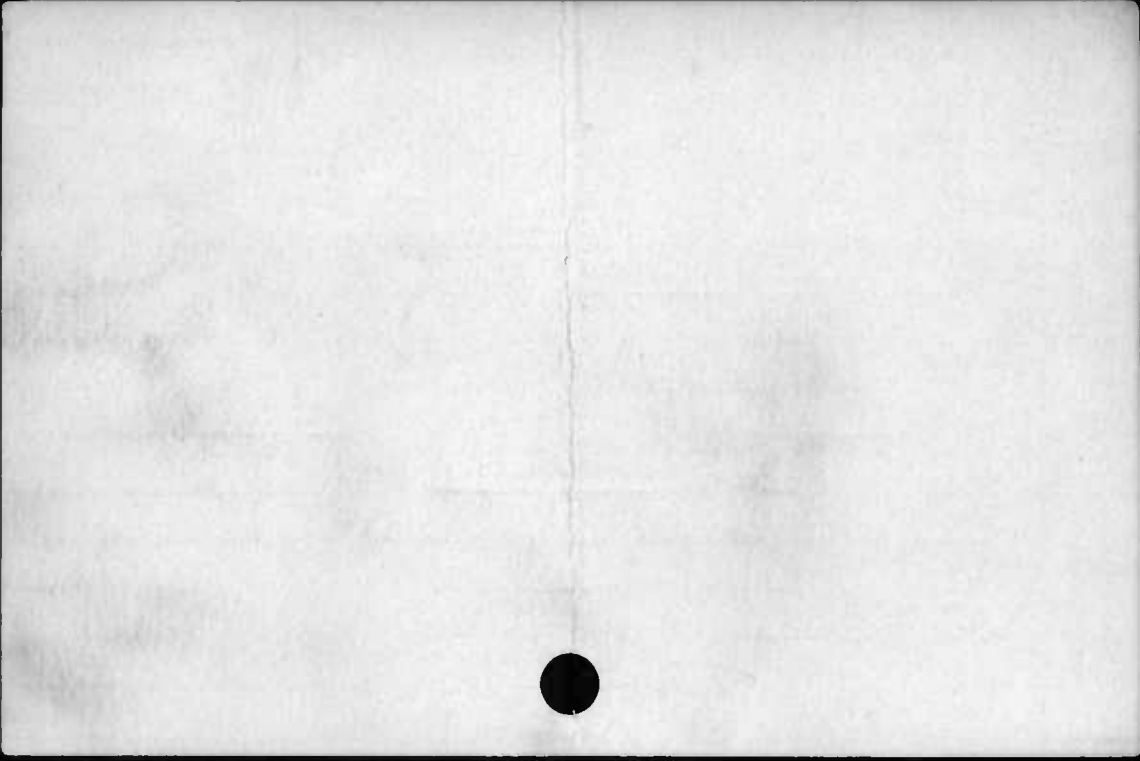
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	19				
Sex			Color or Race			Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

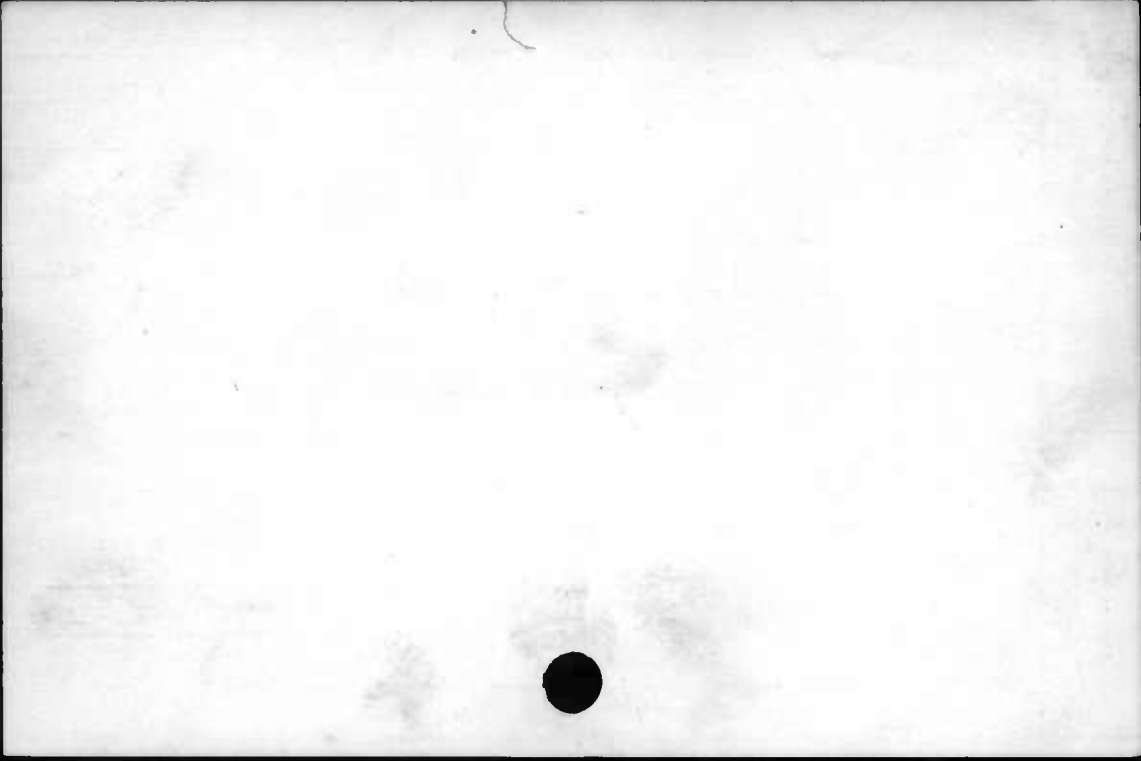
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

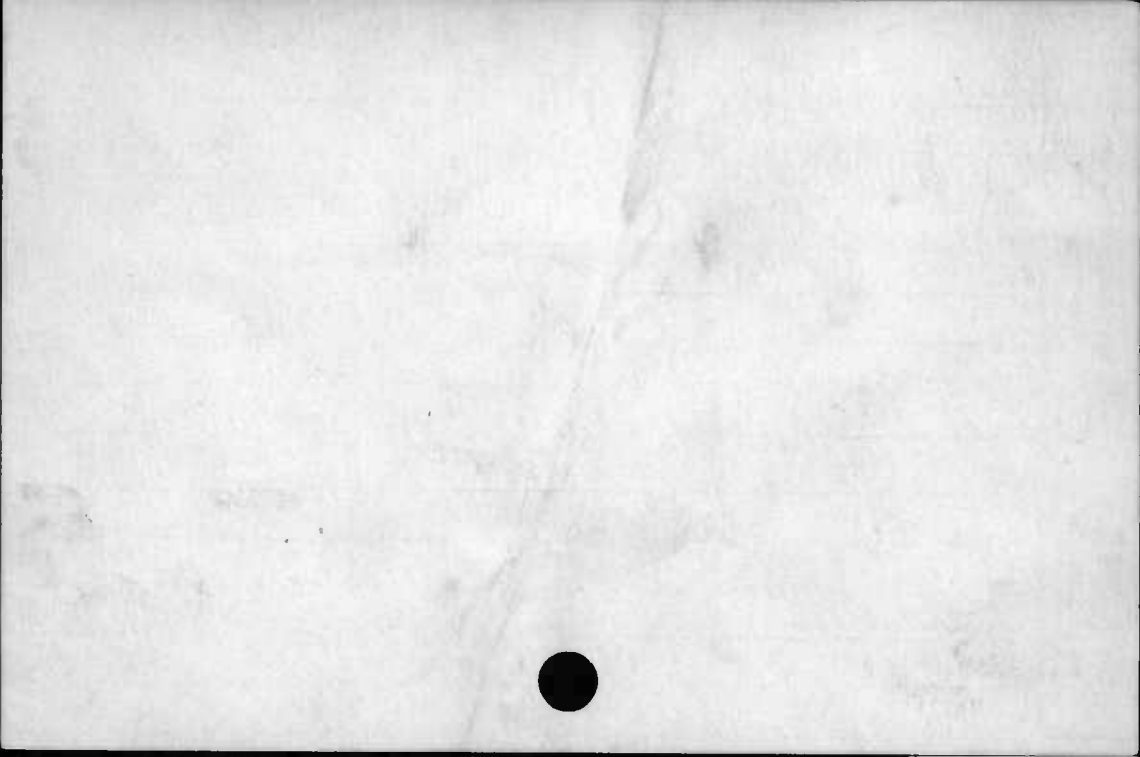
Primary	Still born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name In Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Marion		Somerset		MARYLAND		
	Date of death	1906	Month	Dec	Day	25	Years	Age	About 88
	Sex	Male		Color or Race	Ethiopian		Birth-place	Somerset Co.	
	Occupation	Farming				Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband	Hester Whittington				
	Father's Name	Not Known					Father's Birthplace	Not Known	
	Mother's Maiden Name	"					Mother's Birthplace	"	
Name of person giving information	George Whittington					How related to deceased	Son		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Paralysis					How long	18 mos	
	Immediate	Epilepsy					How long	one day	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	Dr. Ira A. B. Allen		
						Address	Marion Md		
Accident or Suicide?									



Name in Full		Town		County		CERTIFICATE OF DEATH	
George Whittington		Kingston		Seminole		MARYLAND	
Died at		Date of death		Month		Days	
		1906		12		15	
		Age		Years		Months	
		61					
Sex		Color or Race		Birth-place			
Male		Shallard		Kingston			
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Elizabeth Whittington					
Father's Name		Father's Birthplace					
James Whittington		Seaside					
Mother's Maiden Name		Mother's Birthplace					
Pearl Whittington		Marion					
Name of person giving information		How related to deceased					
J. G. Whittington		Brother					
CAUSES OF DISEASE							
Primary		How long					
Asthma		10 years					
Immediate		How long					
Strained chest							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
yes		J. G. Whittington		Kingston			
Accident or Suicide?		No physician in attendance					
No							



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jesse Wilson

Town

County

MARYLAND

Died at

Pimlico Lane

Date

1906

Month

Dec

Day

22

Age

Years

24

Months

—

Days

—

Sex

male

Color or  
Race

colored

Birth-  
place

Md.

Occupation

Waiter

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

single

Name of Wife or  
Husband

—

Father's  
Name

Jerome Wilson

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Sarah Reid

Mother's  
Birthplace

Md.

Name of person giving  
information

Sarah Wilson

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Probably Pulmonary Tuberculosis

How long

Several months

Immediate

Pulmonary Haemorrhage

How long

Ten minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas. T. Fisher, M.D.

Address

Pimlico Lane, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

